

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 04/22/2010

**Address:** 922 Lambert St.

**Case #:** 32F30502

Brazil, IN

**County:** Clay

47834

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Residence  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: Residence  
☒ Water Reactive Metal (Lithium): Residence  
☒ Anhydrous Ammonia: Residence  
☒ Hydrochloric Acid Gas Generator(s): Residence  
☒ Corrosive Acid: Residence  
☒ Corrosive Base: Residence  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: Brazil City

Fax: 812-446-2535

Health Department: Clay Health Dept.

Fax: 812-448-9018

Child Protection Service: Clay CPS

Fax: 812-448-1928

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: J. Kempf/ 7922

Phone (812)299-1151

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.